

Site Accreditation Report – Capital Area Counseling Services

Completed: November 6-8, 2017

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Mental Health Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

Review Process: Capital Area Counseling Services was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information is derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 97.3%

Combined Client Chart Review Score: 93.4%

Cumulative Score: 93.6%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides a wide variety of mental health and substance use disorder services to a large catchment area. Clients interviewed produced positive feedback and found to be a supportive environment. The agency invests in their employees and provides necessary trainings to advance their knowledge.

Recommendations:

1. The agency has a policy and procedure surrounding sentinel events, however, this needs to be updated to ensure full compliance with requirements of ARSD 67:61:02:21 and 67:62:02:19. Each agency shall report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention require to sustain life in both the Mental Health and Substance Use Disorder programs.

2. According to ARSD 67:61:05:05 and 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. Personnel records reviewed do document that orientation was completed; however, it was unclear if the new hires completed the required orientation within 10 days of hire.

Plan of Correction:

1. According to 67:61:06:07, each agency shall have a discharge policy that constitutes reason for discharge at staff request; the procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, the procedure for the staff to follow when a client leaves against medical or staff advice, prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.
2. The client rights form needs to be updated to the ARSD 67:61:06:02 and 67:62:07:02. This went into effect in Dec. 2016. One of the six guaranteed client rights should be updated to clearly identify all client rights. The following item from this Rule needs to be added:
 - To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
3. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented in a policy and procedure. Please reference your contract attachment 1.

CLIENT CHART REVIEW SUMMARY

Strengths: The integrated assessments are organized and concise. The clients interviewed shared positive feedback regarding the services provided by the agency. The client's substance use treatment and progress is documented well throughout treatment plans, progress notes, and discharge summaries. The agency uses non-billable or no show notes which helps tell the story in charts.

Recommendations:

1. According to 67:61:07:07, intensive outpatient services shall document the client's progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care every 14 calendar days. In review of charts the continued service reviews were completed monthly.
2. According to ARSD 67:62:08:08, treatment plans shall be reviewed in at least a six month interval and updated as needed. In review of the mental health outpatient, CARE, and IMPACT charts; five charts were missing a treatment plan review.
3. According to ARSD 67:62:08:09, clinical supervisors shall conduct one treatment plan review at least annually. In review of CARE and IMPACT charts; three charts were missing a supervisory review.

4. In review of CARE and IMPACT charts, progress notes were missing at least one or more of the following requirements according to ARSD 67:62:08:12 and 67:62:08:13:

- A brief assessment of the client's functioning;
- Group progress notes need a description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;

Plan of Correction:

1. In review of the client's integrated assessments for substance use and mental health, at least one or more assessments were missing the following requirements in ARSD 67:61:07:05 and 67:62:08:05:

- Strengths of the client and the client's family, if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
- Presenting problems or issues that indicate a need for services;
- Identification of readiness for change for problem areas, including motivation and supports for making such changes;
- Legal issues;
- Living environment or housing;
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
- Past or current indications of trauma, domestic violence, or both if applicable;
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.
- Clinical supervisor's signature, credentials, and dates verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

The agency should ensure all required elements are addressed for both substance use and mental health when assessments are completed even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed.

2. In review of the CYF, CARE and IMPACT charts, at least one or more treatment plans were missing the following requirements according to ARSD 67:62:08:07:

- Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made;
- Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment;
- Include interventions that match the client's readiness for change for identified issues;
- Mental health staff signature, credentials, and date are documented;

- Clinical supervisor's signature, credentials, and date are documented if the mental health staff does not meet the criteria of a clinical supervisor;
- The plan is completed within 30 days of intake

A crisis intervention plan shall be provided to any client who has safety issues, risks, or has frequent crisis situations or recurrent hospitalizations according to ARSD 67:62:08:10. In review of the CARE and IMPACT charts two charts appeared to need a crisis intervention plan. Ensure a crisis intervention plan is developed upon completion of treatment plan, if needed.

3. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days according to 67:62:08:14. In review of mental health outpatient and CARE charts one or more of the following requirements were missing:
 - A transfer or discharge summary completed within five working days;
 - A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
 - If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.